No. 300
10-48

FILED NOV 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38404

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 208

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "Rural" St. Charles Twsp
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Skeleton Found 10/30/49 near Missouri Bottom Road North of St. Charles

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 1340 Hodiamont Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Nora
b. (Middle): Mable
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): On or about August 4 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 10, 1891
9. AGE (In years last birthday): 58 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home duties
11. BIRTHPLACE (State or foreign country): Franklin County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Warren
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: Ernest Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: Nil
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Ernest Jones 1343 LeRoy-St. Louis, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Suicide

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: E976X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Near River Road
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Charles St. Charles, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): on or about Aug. 4 1949
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: suicide

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22. *I hereby certify that I* ~~XXXXXXXXXXXXXXXXXXXX~~ held Inquest, Nov 2, 1949, ~~XXXXXXXXXXXXXXXXXXXX~~ *and that death occurred at* ??? *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marie Marshall Coroner
23b. ADDRESS: Wentzville Mo
23c. DATE SIGNED: 11-2-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: Nov 4-1949
24c. NAME OF CEMETERY OR CREMATORY: Oak Grove Crematory
24d. LOCATION (City, town, or county) (State): 7800 St. Charles Rock Rd St. Louis Co., Mo.

DATE REC'D BY LOCAL REG.: 11-9-49
REGISTRAR'S SIGNATURE: Fannie Hamilton 284
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: H. C. Dallmeyer & Sons Co 800 N. 2nd--St. Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 12 1949
District Health Officer No. 9,
District File Number----------

SEP 8 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
Not embalmed, Student Embalmer No. .....,
working under my personal supervision.

Student ..... Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.